

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Operations Section Chief**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item

Date Completed

Qualified Planning Section Chief

At least 21 years of age

The above listed member has completed the required prerequisite training for the operations section chief specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the operations section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Advanced Training**

Evaluator's CAPID and  
Date Completed

Task

- Complete Task O-4110 Demonstrate the ability to manage tactical operations
- Complete Task O-4111 Demonstrate the development of the operations portion of the Incident Action Plan
- Complete Task O-4112 Demonstrate the execution of the operations portion of the Incident Action Plan
- Complete Task P-0101 Demonstrate the ability to keep a log
- Complete Task P-3113 Demonstrate requesting additional resources to support operations
- Complete Task P-3126 Demonstrate releasing resources from active assignments
- Complete Task L-0001 Basic Communications Procedures for ES Operations
- Complete Flight Release Officer Training
- Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

**Exercise Participation**

The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the operations section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE